

# City of Kingston

## Parks and Recreation Department

Kevin Gilfeather  
Director  
  
Mary Jo Wiltshire  
Parks Administrator

467 Broadway  
Kingston, New York 12401  
(845) 331-1682 FAX (845) 331-2750  
recreation@ci.kingston.ny.us



### PROGRAM REGISTRATION

NAME OF PROGRAM: BIDDY BASKETBALL DATE: \_\_\_\_\_

NAME OF PARTICIPANT: \_\_\_\_\_ M / F

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL ADDRESS (optional): \_\_\_\_\_

### If Parent Is Unavailable Second Person to Contact:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

ALLERGIES: (food, bees, medications, etc) \_\_\_\_\_

PHYSICAL LIMITATIONS: \_\_\_\_\_

EMOTIONAL CONCERNS (difficulties, disorders etc) \_\_\_\_\_

ADMINISTERED MEDICATIONS: YES \_\_\_\_\_ TYPE \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

OFFICE USE ONLY:

AMT CHECK: \$ \_\_\_\_\_ AMT CASH \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_

Kingston Residents \$30

Non-Residents \$40

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### ACKNOWLEDGMENT OF RISK

NAME OF PARTICIPANT: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

I give my daughter/son \_\_\_\_\_, permission to participate in the  
BIDDY BASKETBALL program/activity sponsored by the City of Kingston Parks and Recreation  
Department.

I, the undersigned, for myself and anyone entitled to act on my behalf, waive, release, hold harmless and indemnify in whole, the City of Kingston, the City of Kingston Parks and Recreation Department and their officers, directors, representatives and employees from all claims or liabilities of any kind arising from my child's participation in this program/activity.

I further acknowledge there are certain unanticipated inherent risks involved with recreation programs that may involve severe or minor physical injury such as but not limited to injury from falls, broken bones, strains, sprains, bruises or contact with other participants. I agree to assume these risks and responsibilities surrounding my child's participation in this program or activity.

My child is in good physical condition and does not possess any physical or mental impairment that prevents their participation in this program or activity.

In signing this release I acknowledge and represent that I have read it, understand it, and sign voluntarily as my own free act and deed.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

### Media Waiver

For promotional purposes videos or photographs are occasionally taken of City sponsored activities. These videos or photographs may be used for promotional material on the web, brochures, flyers or public access television.

If you DO NOT wish your child to appear in this manner check this box



# BIDDY BASKETBALL CLINIC

FOR ALL NEW BOYS AND GIRLS REGISTERED IN THE KINGSTON  
RECREATION DEPT. BIDDY BASKETBALL PROGRAM

SATURDAY, OCTOBER 16<sup>TH</sup> @ THE ANDY MURPHY  
NEIGHBORHOOD CENTER

8-12 YR OLD GIRLS PROGRAM WILL BE FROM 9:00-10:00AM

THE 8-10 YR OLD PROGRAM WILL BE FROM 10:00-11:00AM

THE 11-13 YR OLD PROGRAM WILL BE FROM 11:00-12:00PM

THE 7 YR OLD PROGRAM WILL BE FROM 12:00-1:00PM

ROBIN DASSIE  
RECREATION LEADER  
KINGSTON RECREATION DEPARTMENT--WILL PROVIDE LEADERSHIP

PLAYERS MUST CARRY IN THEIR  
SNEAKERS





## Enjoy a short stack for a tall cause.

You're invited to an  
Applebee's® Flapjack Fundraiser breakfast to support

**Kingston Recreation - Biddy Basketball**

Tickets are \$5.00

100% of the proceeds will be donated to the foundation.

When: Sat. Oct. 9, 2010 8 a.m. - 10 a.m.

Where: Applebee's Neighborhood Grill & Bar

1171 Ulster Avenue, Kingston, NY 12401

845-481-7333



applebees.com

© 2008 Applebee's IP LLC. Valid at participating restaurants. Ticket valid for pancake event only. Applebee's menu items are not included as part of purchase.



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**TICKETS FOR THE PANCAKE  
BREAKFAST  
FUNDRAISER CAN BE  
PURCHASED AT THE PARKS  
&  
RECREATION DEPARTMENT  
OFFICE.  
CONTACT EITHER  
KEVIN GILFEATHER AT  
481-7333  
OR ROB DASSIE AT 481-7334  
TO PURCHASE THE TICKETS.**